



BUDE-STRATTON URBAN DISTRICT COUNCIL

A N N U A L R E P O R T

of

1 9 4 9

on the

HEALTH OF BUDE-STRATTON

by the

MEDICAL OFFICER OF HEALTH

L. RICH

M.B., Ch.B., M.R.C.O.G., D.P.H.

Medical Officer of Health for the Bude-Stratton
Urban District.

To the Chairman and Councillors of
the Urban District Council of Bude-
Stratton.

Mr. Chairman, Lady and Gentlemen:

I have the honour to present the Annual Report on the Health and Sanitary Conditions of the District for the year 1949.

This is the first full year I have had as your Medical Officer of Health. The problems of relating the health needs of your District and the National Health Service Act are still in the process of evolution and I am happy to report that Clinic Services in the main centres of population, as foreshadowed in last year's Annual Report, have now been provided.

The General health of the population is satisfactory. One of the main problems in your District is the provision of adequate housing. Despite the Council's efforts, there are many people living under deplorable conditions and many young married people are unable to start a home of their own.

I wish to thank the members of the Council's staff for their kind co-operation in the preparation of this Report, and in particular your late Sanitary Inspector, Mr. Hosken, for the efficient manner in which he carried out his duties and for the detailed account of the work undertaken in connection with the sanitary circumstances of the District.

I am, Lady and Gentlemen:

Your obedient Servant,

L. RICH.

Medical Officer of Health.

15th August, 1950.
Health Area Office,
Castle Green,
LAUNCESTON.

SECTION A.

Social Conditions of Area and Statistics.

Summary of Vital Statistics.

Area in acres.....	4,294 (4,294)
Population.....	5,207 (5,170)
No. of separate dwellings occupied in 1949.....	1,378 (1,364)
Rateable Value in 1949.....	£49,688 (£49,917)
Product of ld rate.....	£197 (£208.)

<u>Live Births.</u>	<u>Total.</u>	<u>Male.</u>	<u>Female.</u>
Legitimate.	62 (72)	37 (43)	26 (29)
Illegitimate.	1 (8)	- (6)	1 (2)
Birth rate per 1,000 of population.....	12.10 (15.47)		
Birth rate for England and Wales.....	16.70		

<u>Stillbirths.</u>	<u>Total.</u>	<u>Male.</u>	<u>Female.</u>
Legitimate	2 (1)	1 (1)	1 (-)
Illegitimate	1 (-)	- (-)	1 (-)

<u>Deaths of infants under 1 years.</u>	<u>Total.</u>	<u>Male.</u>	<u>Female.</u>
Legitimate	2 (4)	2 (1)	- (3)
Illegitimate.	- (-)	- (-)	- (-)
Infant mortality rate.....	31.74 (50)		
Infant mortality rate for England and Wales.....	32.0		

<u>Deaths of all causes.</u>	<u>Total.</u>	<u>Male.</u>	<u>Female.</u>
	88 (82)	29 (30)	59 (52)

Death rate per 1,000 of the population.....	16.90.(15.86)
Death rate for England and Wales.....	11.70.

(Figures in brackets are for the year 1948)

The registered causes of death were :-

	Causes of death.	Male.	Female.	Total.
1.	Typhoid and Paratyphoid fevers	- (-)	- (-)	- (-)
2.	Cerebro-spinal fever.	- (-)	- (-)	- (-)
3.	Scarlet fever.	- (-)	- (-)	- (-)
4.	Whooping cough	- (-)	- (1)	- (1)
5.	Diphtheria.	- (-)	- (-)	- (-)
6.	Tuberculosis - respiratory	- (-)	- (3)	- (3)
7.	Tuberculosis - other forms	1 (-)	- (1)	1 (1)
8.	Syphilitic diseases.	- (-)	1 (1)	1 (1)
9.	Influenza.	- (-)	1 (-)	1 (-)
10.	Measles.	- (-)	- (-)	- (-)
11.	Acute Poliomyelitis: Polio Encephalitis	- (-)	- (-)	- (-)
12.	Acute Infectious Encephalitis	- (-)	- (-)	- (-)
13.	Cancer of Buccal Cavity and Oesophagous and Uterus in females.	- (1)	2 (-)	2 (1)
14.	Cancer of Stomach and Duodenum	- (-)	- (1)	- (1)
15.	Cancer of Breast.	- (-)	- (1)	- (1)
16.	Cancer of all other sites	2 (3)	9 (3)	11 (6)
17.	Diabetes.	- (-)	1 (-)	1 (-)
18.	Intra Cranial Vascular Lesions	3 (4)	9 (4)	12 (8)
19.	Heart Disease	7 (9)	12 (15)	19 (24)
20.	Other Diseases of Circulation	- (1)	2 (1)	2 (2)
21.	Bronchitis.	- (1)	- (-)	- (1)
22.	Pneumonia.	- (1)	2 (3)	2 (4)
23.	Other Respiratory Diseases.	- (-)	- (1)	- (1)
24.	Ulcer of Stomach or Duodenum.	2 (-)	- (-)	2 (-)
25.	Diarrhoea (under 2 years)	- (-)	- (-)	- (-)
26.	Appendicitis.	- (1)	- (-)	- (1)
27.	Other digestive disorders.	2 (-)	2 (3)	4 (3)
28.	Nephritis.	2 (2)	3 (-)	5 (2)
29.	Puerperal and Post Abortive Sepsis.	- (-)	- (-)	- (-)
30.	Other Maternal Causes.	- (-)	- (-)	- (-)
31.	Premature Birth.	- (-)	- (-)	- (-)
32.	Congenital Malformation: Birth Injury: Infantile Disorders.	1 (1)	- (1)	1 (2)
33.	Suicide.	1 (-)	1 (-)	2 (-)
34.	Road Traffic Accidents	- (-)	- (-)	- (-)
35.	Other Violent Causes	2 (3)	1 (2)	3 (5)
36.	All other causes.	5 (3)	14 (11)	19 (14)

(Figures in brackets are for 1948)

SECTION B.

General Provision of Health Services.

a. LABORATORY FACILITIES.

The Council has the free use of the Public Health Laboratory, Exeter, for the bacteriological analyses of water, milk ice cream, and food samples. In addition, examinations are carried out on swabs and specimens submitted to enable diagnosis of infectious diseases to be made.

From this Laboratory too, we now obtain material for immunisation and vaccination and stocks of Anti-sera are kept always immediately available at the Stratton Hospital.

b. CLINIC FACILITIES.

Infant Welfare Clinics. Regular fortnightly Infant Welfare Clinics are held in our premises at The Castle. These rooms have been adapted and are proving admirable for the purpose. The number of infant attendances below the age of 5 years seen at the Clinic during the year 1949 was 743. The main object of this Clinic is to apply the principles of Preventive Medicine and to carry out a comprehensive Health Education Scheme.

In addition to the regular Clinics several talking film demonstrations were given during the year and it is proposed to provide ourselves with our own Still Projector unit and build up a Library of appropriate film strips.

The subjects of these shows cover a variety of interesting and valuable aspects of Health Education such as Diphtheria immunisation, vaccination against Smallpox, Infant and Children's diets, correct posture, breast feeding, prevention of spread of respiratory diseases, the clean handling of food, the Ante-Natal care of the mother and a variety of similar valuable aspects.

It is difficult to assess the immediate or long term effect of this aspect of Preventive Medicine and I feel sure the effort must be made in order that a generation of children will be educated in the positive aspects of good health and so prevent many of the medical conditions arising which are costing the Nation at the present moment such an enormous sum of money.

Mothercraft Training. We have now commenced monthly Mothercraft Training Clinics, whose object is to teach the mother the fundamentals of labour and adequate preparation for the newborn child.

It is now definitely established that much of the fear and many of the difficulties experienced by the mother during the trials of labour and the first few weeks after the birth of the child, can be considerably mitigated by a well prepared scheme of instruction, exercises and advice. The success of such a Clinic depends to a large extent on the knowledge and enthusiasm of the Nursing Staff and here in Bude we are fortunate in possessing such a staff. It is now apparent from the number of the mothers who attend this Clinic, that the training is much appreciated. Already we have definite evidence of the mental and/

and physical relief which these patients derive from this work.

Orthopaedic Clinic. A weekly Orthopaedic Clinic is held at The Castle premises by members of the staff of the Regional Hospital Board and the Orthopaedic Surgeon from Exeter is available once a month.

Eye Clinic. An Eye Clinic for the treatment of errors of refraction amongst school children was started at The Castle during the year and an Eye Specialist from Plymouth is available.

Dental Clinic. It is with great regret that I have to report that we still have no regular School Dentist. The Senior School Dental Officer does, on occasion, come to Bude to deal with orthodontic cases and such urgencies as are referred to him by me. There has been no regular inspection of school children for the past two years. Before the National Health Service Act, the Dental Service provided by the County Council did valuable work, not only in treatment but in prevention of dental defects. While it is possible for parents to take their children to the Dentist in general practice free of charge, and many parents do this, the greater proportion of children get no regular dental inspection. The future treatment of these neglected cases will, I feel sure, cost the country more than if we now provided a School Dentist at a realistic salary.

c. AMBULANCE SERVICE.

During the year, The County Council, who is the Ambulance Authority, instituted a County Call-out System. The main object of this was to have some means of co-ordinating the County Ambulance Service as a whole in order to run the Ambulance Service as economically as possible and to cope with the much increased demands for this type of transport. All that is now necessary for a Doctor to summon an ambulance, is to lift up his receiver and call "Ambulance" giving details of his requirements. It is then our duty to provide the nearest available ambulance in the shortest possible time and thus relieves the Doctor of finding an alternate ambulance should the Bude Ambulance be already in use.

Since the inception of the National Health Act in July, 1948 the work of the Ambulance Service in this area has doubled and although no figures are available of what work the ambulance did prior to July, 1948, it is quite safe to say that the work now done is at least three times as much. This is not the place to go into the reasons why this has occurred, but some are fairly obvious, such as the larger demands being made on the General Practitioners with the advent of a free Health Service. Despite the greatly increased volume of work, I am pleased to say that our Ambulance Service in Bude has met all its commitments and I have had several expressions of satisfaction from the General Practitioners on the courtesy, efficiency and speed with which all members of my staff are dealing with their cases.

d. HOSPITAL CAR SERVICE.

During the year the demands of this Service have been greatly increased and it has been found necessary to provide a special Utilicon Ambulance stationed in this area. Although this vehicle is primarily for the use of the sitting type of case, it can, in an emergency, be used as an ambulance and this has increased our cover.

One of the main reasons for allocating this vehicle to the area by the County Council, was to reduce the ever increasing costs of this Service and there is no doubt that a considerable saving has already been effected with no diminution of the efficiency of the Service. This vehicle is capable of carrying up to six patients to Hospital by arranging the duties in a suitable manner, whereas formerly several private cars would have been necessary to do the same work.

c. REGIONAL HOSPITAL BOARD.

All hospitals are now under the control and management of the Regional Hospital Board.

The exercise of this control is through Hospital Managements Committees, who co-ordinate the work of groups of hospitals in one particular area.

As Medical Officer of Health I am not involved in the running of the hospitals and the work they do is completely outside my jurisdiction and consequently I am not in a position to give any report on their activities.

This loss of control by the Medical Officers of Health over certain hospitals, particularly Isolation Hospital and Sanatoria is a serious blow to the prevention of disease.

Prior to July, 1948, the ruling authority over Isolation Hospitals and Sanatoria was the Medical Officer of Health who decided the type of case that should be admitted. We are now in a position when we have to accept the ruling of an Authority over the admission of cases to hospitals, who have no knowledge on local conditions.

In my view the Medical Officer of Health must be given the unquestioned right of admission of all infectious and tuberculous cases, working, of course, in co-operation with the Hospital Authorities and General Practitioners.

SECTION C.

Sanitary Circumstances of the District.

a. DRAINAGE AND SEWERAGE.

Stratton. The Scheme for the reconstruction of the main sewer has been postponed for the time being due to the costs of the project. A scheme has been prepared for an adequate sewage disposal works. There is no doubt that the sewage outflow at Stratton is highly unsatisfactory and constitutes a positive danger to Public Health. If the modified work now carried out by your Council Surveyor does not prove satisfactory, the larger work suggested by the Consultant Engineer will have to be given serious consideration.

Poughill. As stated in my previous Report, a Ministry of Health Enquiry was held on the 28th September, 1948, on a scheme for the provision of sewerage disposal for Poughill. Ministry approval for this scheme has not yet been received and it is essential that no further delay should occur. The menace to Public Health is very great and some decision must be reached either on the scheme already submitted or some alternative plan.

b. WATER SUPPLY.

The Council's water undertaking which supplies most of the Urban Area and several parishes in the adjoining Rural District, is managed by the Engineer of the Council.

Samples are, however, taken by the Sanitary Inspector and submitted for bacteriological examination. Results of the samples taken during 1949 are shown below:-

<u>Date of sample</u>	<u>Where taken</u>	<u>Pathologists Report</u>
7.1.49.	Tank at Old Filters.	Satisfactory.
"	" " New "	(B.coli present, chlorination
"	Summerhayes, Bowden	(increased to 3 p.p. million).
16.2.49	Moyle's house, Belle Vue.	Satisfactory.
"	Tank at Old Filters	"
"	" " New "	"
24.3.49	" " Old "	"
"	" " New "	"
"	The Castle, Bude.	"
26.4.49	Tank at Old Filters	"
"	" " New "	"
"	The Castle, Bude.	"
25.5.49	Tank at Old Filters.	"
"	" " New "	"
"	The Castle, Bude.	"
24.6.49	Tank at Old Filters.	"

24.6.49.	Tank at New Filters	Satisfactory.
24.6.49	The Castle, Bude.	Satisfactory.
23.7.49	Tank at Old Filters	"
"	Tank at New Filters	"
"	6 St. Michael's Road.	"
1.8.49.	2 St. Michael's Road.	"
8.8.49.	" " " "	"
11.8.49.	Westcliff Hotel, Bude.	"
30.8.49.	Tank at Old Filters.	Contains rather large number of excremental micro-organisms, not safe for drinking.
"	" " " New "	Satisfactory, but any deterioration would render water unsafe.
"	The Castle, Bude.	Satisfactory.
10.9.49	4 St. Michael's Road	"
31.10.49	Tank at Old Filters	"
"	Tank at New Filters	"
"	4 Flexbury Park Road.	"
3.12.49.	Tank at Old Filters.	"
"	" " New "	"
"	The Castle, Bude.	"

c. ROUTINE INSPECTIONS.

Sanitary Inspection of District	No. in District	No. of visits 1949.	No. of defects found	No. of defects remedied.
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Bakehouses.	4	30	5	5
Dairies	6	35	-	-
Food preparing places which are subject to inspection.	43	134	-	-
Factories	42	111	-	-

Nuisances and Defects Remedied during the year.

Overcrowding.	11	Refuse receptacles	-
Keeping of animals	2	Camping sites.	6
Sanitary accommodation,		Yard paving	-
(a) insufficient.	3	Dampness	37
(b) defective	21	Roofs and rainwater pipes	-
Drainage;		Floors.	22
(a) reconstructed	12	Walls and ceilings	42
(b) repaired	14	Water supplies	42
(c) cleansed	17	Windows and ventila-	
Cesspools,		tion	9
(a) abolished (b) repaired	3	Total number of visits	
Offensive accumulations	12	of all kinds by the In-	
		spector during the year.	
			2136

SECTION D.

HOUSING SURVEY.

During the year new housing progress was very slow due to a variety of causes, and this naturally delays the ever increasing need for action by the Council on those old properties in the District which are unfit for habitation.

SECTION E.

INSPECTION OF FOOD.

Milk Supplies and Control. The Cornwall County Council has taken samples at ten day intervals from the Bude Dairies Pasteurising plant. The results are notified to me and have all been satisfactory. 16 samples of T.T. and "undesignated" milk were also sent to Truro for examination and in each case were satisfactory.

Icecream (Heat Treatment etc) Regulations, 1947. Fortnightly samples of ice cream were taken from the shops selling this line and much useful education in food hygiene was accomplished. The quality of this product has been much improved during the last twelve months.

Unsound food. The amount of food condemned as unfit was 9½ cwt. This is a tribute to the quality of food now sold particularly tinned goods where the amount unfit is an infinitesimal part of the quantity sold.

Meat Inspection. There are no slaughterhouses in the District, but the Meat Depot from which meat is allocated to the local butchers was frequently inspected.

Food Hygiene. All hotel and cafe kitchens in the District were inspected and improvements effected where necessary. The standard in this area is uniformly good.

With the transfer of ownership of the fish cafe at Stratton, the cleanliness was markedly improved.

Food and Drugs Act, 1938. The above Act is administered by the Cornwall County Council and the undermentioned figures have been kindly supplied by the Chief Weights and Measures Inspector:-

<u>Name of article</u>	<u>No. of samples taken.</u>	<u>Genuine.</u>	<u>Adulterated.</u>
Milk.	7	7	-
Diabetic marmalade	1	1	-
Sunmill cup	1	1	-
Dried garden mint	1	1	-
Gravy browning	1	1	-
Sauce	1	1	-
Lemon flavouring	1	1	-
Coffee & chicory ess.	1	1	-
" (cubes)	1	1	-
Bread crumbs	1	1	-
Custard powder	1	1	-
Condensed milk	1	1	-
Ess. of vanilla	1	1	-
Culinary oil	1	1	-
Icecream	2	2	-
	23	23	-

Rats and Mice Destruction.

A full time Rodent Operator is employed and this enables effective control to be maintained in the Urban area.

Where infestations occurred they were dealt with by the methods recommended by the Ministry of Agriculture and Fisheries.

The Council's properties, refuse dumps and sewage works received routine quarterly treatments and the sewerage systems of the town receive an annual test baiting and treatment if found to be necessary.

No. of survey visits made by Rodent Operator	607
No. of treatments	214
No. of revisits	356

Clean Food Campaign.

Your Council has adopted the Model Bye-laws for the protection and handling of food. Although these Bye-laws are a valuable step in the right direction, much more remains to be done before the Public can be adequately protected against Food Poisoning Organisms. Every effort is made when visiting Hotels, Cafes and Restaurants to impress on the proprietors the importance of the clean handling of food consumed by their customers.

Although Food Poisoning is a notifiable disease, only occasional cases are notified. There is evidence, however, of the wide-spread prevalence of mild and even more serious attacks of diarrhoea and vomiting which go unrecorded. In the last resort, the success of any Clean Food Campaign depends on the intelligent co-operation of the food handlers and every effort is made to get this co-operation. I am glad to report that the general response is good.

SECTION F.

Prevalence and Control of Infectious and other Diseases.

For the purpose of comparison, the prevalence of infectious diseases in the adjoining district of which I am also Medical Officer of Health, is given:-

AUTHORITY									
	Measles.	Whooping Cough	Pneumonia	Erysipelas	Scarlet Fever	Acute Anterior Poliomyelitis	Acute Polioencephalitis	Eruerperal fever	Total
Bude-Stratton Urban District	2	-	1	-	1	2	-	-	6
Stratton Rural District	-	10	-	-	-	3	-	-	13
Launceston Rural District.	42	27	2	3	5	1	-	1	81
Launceston Borough.	4	33	1	-	2	1	1	-	42
Camelford Rural District	19	103	14	2	14	1	-	-	153
Total	67	173	18	5	22	8	1	1	295

It would now seem that each Summer and Autumn will be characterised by the prevalence of Poliomyelitis. The first considerable outbreak in this Country occurred in the year 1947. Prior to this date only sporadic cases used to occur and it is difficult to explain why in this Country the disease has reached minor epidemic proportions.

It must be emphasised that in relation to the incidence of infectious disease in the Country as a whole, the number of cases of Poliomyelitis is at the present relatively small and whilst no attempt is being made to mitigate the seriousness of this disease, the

the amount of publicity which it receives by the Press and over the wireless, does tend to exaggerate the position in the minds of the general public.

Poliomyelitis is a disease of all ages and is particularly difficult to control. Several virus are responsible for different types of the disease and evidence has accumulated which shows that in addition to actual known cases, it may be spread either by healthy carriers or persons suffering from mild undetected forms of the disease. This may occur either by droplet infection sprayed in the atmosphere, or by their excretal products contaminating food, milk and water. There is a further possibility that flies coming into contact with the excretal products of such people may also spread the disease. We are further hampered by the fact that there is no rapid laboratory method of diagnosing the condition similar to the throat swab in Diphtheria. Thus it is not possible easily to detect carriers or very mild cases who are as equally infectious as the unfortunate individual who develops extensive paralysis.

The steps taken on the occurrence of a case consist of keeping the General Practitioners, Nurses and all others concerned, fully informed. The schools are notified and general instructions given. Suspects and doubtful cases are referred to me and where necessary admitted to Isolation Hospital for observation and confirmation. Contacts of all cases are kept under strict surveillance until it is obvious that they are not going to develop the disease.

TUBERCULOSIS.

It is rather a disturbing fact as pointed out by our County Medical Officer of Health, Dr. R.N. Curnow, that Tuberculosis each year kills well over 100 patients in Cornwall. It is rather an ironic situation when this disease is compared with Infantile Paralysis, which as pointed out previously, costs so much a year.

During the year 1949 there was an epidemic of Poliomyelitis in the County which was responsible for 8 deaths and whereas at the moment very little can be done in the way of prevention of Infantile Paralysis, it is possible, in fact it is almost certain, that Tuberculosis can be stamped out. 400 people every week die of Tuberculosis in this Country, and although the incidence of the disease has been falling steadily for a considerable period, we now have evidence that it is again on the increase, particularly in Scotland and the North of England. The key to the problem of the eradication of Tuberculosis is adequate housing and good living conditions supported by a sufficient number of available Sanatorium beds, so that cases or suspected persons may be quickly isolated and treated. In addition, contacts must be regularly supervised over a long period.

The institution of Mass-radiography of large sections of the population would do much to detect the unsuspected and early case, not only to the benefit of that particular individual but also in the prevention of other cases occurring.

A scheme is about to start in Cornwall to treat contacts of cases of Tuberculosis who have not yet developed the disease themselves, with B.C.G. vaccine. This is a modified form of the tuberculous organism which is harmless itself but when injected is capable of enabling the individual to resist the disease.

It is by measures such as these, together with the adequate housing of cases returned cured from Sanatoria, that this "White Plague" can and should be eradicated. A very high priority for housing must be given to tuberculous cases by the Council if the scheme is to succeed.

DIPHTHERIA IMMUNISATION AND VACCINATION.

During the year 1949, the number of Diphtheria immunisations was 82 and vaccinations 47.

I am pleased to report that during the year no cases of Diphtheria occurred in this District.

It is interesting to note that 10 years ago, Diphtheria was responsible for 42 deaths in the County, whereas this year there have been no deaths.

